

EMPLOYEE CONTRACT GRIEVANCE

STD. 630 (REV. 10-95)

BARGAINING UNIT NAME

BARGAINING UNIT NUMBER *(Circle one)*

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

***Please refer to your bargaining unit's contract for specific information
regarding employee grievance procedures and time frame requirements.***

GRIEVANT'S NAME

HOME TELEPHONE NUMBER

()

HOME ADDRESS *(Number and street)**(City)**(State)**(Zip Code)*

DEPARTMENT

DIVISION OR FACILITY

SECTION, BRANCH, UNIT, ETC.

POSITION CLASSIFICATION

NORMAL WORKING HOURS

WORK TELEPHONE NUMBER

()

REPRESENTATION INFORMATION *(Complete if applicable)*

REPRESENTATIVE'S NAME

ORGANIZATION OR AFFILIATION

TELEPHONE NUMBER

()

GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR

DATE OF INFORMAL RESPONSE

GRIEVANCE DESCRIPTION *(Clear, concise statement. Attach additional sheets if necessary.)*


SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED


SPECIFIC REMEDY SOUGHT



GRIEVANT'S SIGNATURE



DATE FILED


***(For grievance level reviews I through IV, continue on reverse.)***

GRIEVANCE REVIEW--LEVEL I		
DATE RECEIVED	LEVEL I REVIEWER <i>(Signature)</i> 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE	TELEPHONE NUMBER ()	
LEVEL I DECISION		

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level <i>(State reason below)</i>	GRIEVANT'S SIGNATURE 	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL II			
DATE RECEIVED	LEVEL II REVIEWER <i>(Signature)</i> 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level <i>(State reason below)</i>	GRIEVANT'S SIGNATURE 	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE			
DATE RECEIVED	DIRECTOR OR DESIGNEE <i>(Signature)</i> 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the fourth review level	<input type="checkbox"/> I do not concur and appeal to the fourth review level <i>(State reason below)</i>	GRIEVANT'S SIGNATURE 	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF PERSONNEL ADMINISTRATION		
DATE RECEIVED	DIRECTOR OR DESIGNEE <i>(Signature)</i> 	RESPONSE DATE
<input type="checkbox"/> Decision attached	PRINTED NAME AND TITLE	